

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>10-599,248</i>	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	I						
2	I						
3	I						
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49							
50							
TOTAL IND.	2	↓		↓		↓	
TOTAL DEP.	46	←		←		←	
TOTAL CLAIMS	48						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.				↓			
TOTAL DEP.			←		←		←
TOTAL CLAIMS							